



Everyday needs and activities of geriatric patients – users of home care

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Abstract

Care of elderly people at the primary health care level is usually performed by primary health care physicians, community nurses and nurses from home care facilities. The purpose of care is to assist older people in the community and to ensure the quality of life in their own home through measures of primary, secondary and tertiary prevention. Community health care is a medical social activity that implements specific health care in order to promote and preserve the health of individuals, families and communities. The main goal of nursing in the community is to provide care to beneficiaries outside health facilities; in their homes. It is particularly important to provide comprehensive care in the most vulnerable stages of life, such as illness, old age, infirmity, disability or poor social or economic condition.

In order to solve various problems of elderly people regular cooperation of all the professionals that take care of an older person in their home is essential. Thus, in case of need for the implementation of health care, community nurse assesses the state of the user and determines the need for diagnostic and therapeutic procedures to be implemented in the user's home. A nurse from the institution carries out approved home care services over approved time, lasting no more than 30 days. After 30 days, nurse reassesses the patient's condition. This paper will show the duration of the continuous provision of home care services for patients.

The objectives of the health care for the elderly people in their home are: to provide optimum conditions for better quality of life in their own home environment, implementation of measures and procedures for the preservation of health, implementation of measures and procedures aimed at disease control, implementation of measures aimed at identifying risk factors in the environment, integration of older users in the company and ensuring the quality of life, all of which will be presented in the paper.

INTRODUCTION

Home care

Home care business is conducted by nurses and medical technicians in primary health care. This area of health care is characterized by health care for chronically ill patients in their home. Home health care is one of the forms of care for geriatric patients. The fact is that older people are reluctant to change the environment in which they live (1) highlights this segment as an important concern in the health care system. Care for the elderly in their homes is imposed as

an important factor in the care system for the elderly and their daily living needs. In order to enhance the quality of life of older people taking a systematic assessments and evaluation of daily living needs and the system adapted diagnostic and therapeutic procedures (DTP) services are needed to provide holistic care in the user's home.

Terms "home care" and "care for the elderly" is almost the same concept. According to researches, about 86 % of the users of home care services are at the age of 65 years or older. Aging increases the incidence of chronic diseases and the probability of the presence of at least one chronic disease (75 % of older people in home care suffer from at least one chronic disease) and cognitive disorders (about 1/3 users).

Home care is a unique way to help older people and their families in the management of chronic diseases and maintaining independence. Users let nurses and physical therapists in their home, family and everyday life. Very few health workers have so complex and private access to the patient; his needs and desires of everyday life (2).

House health care facility Domnius has existed from 1995 and is the contracting institution of CHIF. 37 nurses and 23 physiotherapists working at the institution provide health care and physical therapy at home. An average of 700 users per month use the services of home care services in an institution for health care Domnius, Zagreb.

Demographic trends and the share of elderly population in Croatia

As in other developed countries, in Croatia the population is growing older. According to generally accepted demographic criteria, the classification of the United Nations, old age begins at 65. Among the group functional difficulties that hamper and hinder the performance of activities of daily living are evident (3).

Aging is a function of life, and old age is the last period of development in the life of an individual (1).

Like most European countries, Croatia belongs to the countries with a very old population. According to estimates of the population of the Central Bureau of Statistics, in mid-2011 The Republic of Croatia had 756,698 residents aged 65 years and over; or 17.2% of the population (4). This highlights the need for efficient and high quality health care system within which home health care has an important function. According to estimates, by 2030, 24 % of the Croatian population will be older than 65 years.

On the other hand, great changes in family structures and shape are happening and have happened. Although the family remains very high on the value scale, traditional family solidarity is weakening, and diversifying of family forms is happening. The traditional extended family is gone, which was a fundamental role in providing material and other support to its members. There are more and more "atypical" families, single households, cohabitant communities etc. In Croatia and other

countries, there is a growing number of single-parent families and single-person households, which are risky in terms of poverty. In addition, a large number of divorces and marriages attract big audience contributing to family instability.

Demographic processes and changes in the family significantly affect the position of the elderly population. Due to the increase in the share of elderly people dependency index is growing (increase in the number of elderly people who depend on the active working population), as well as increased social costs of an aging population, and new social risks associated with age are emerging (growing number of elderly people who need long-term intensive medical and social welfare).

Primary health care and care for the elderly

WHO – Regional Office for Europe proposes several priority areas of public health in geriatrics, where, among other things, as one of the measures highlights public support for informal and non-institutional forms of care for the elderly in the community, with an emphasis on helping the elderly in their own homes. World Health Organization recommends that the health of older people through the means of primary health care has an important place because of its comprehensiveness, adequacy, completeness, efficiency and availability, which includes prevention, treatment, rehabilitation and nursing care in a medical institution and homes of elderly patients aimed at improving health and functional ability, and thus the independence of individuals, families and the community in which an elderly person lives and works.

The knowledge in the field of gerontology is building and expanding thus creating an image of the importance of an integrated system of care for the elderly in which the level of care and health care in the home is an essential link in the resolution of gerontological issues for the target groups of functionally disabled elderly in the early, middle and very old age.

According to the Health Care Act (NN 121 / 03) health care is a system of social group and individual measures, services and activities aimed at maintaining and improving health, disease preventing, early detection and timely treatment and medical care and rehabilitation. The Act provides for the application of mandatory minimum health for the elderly. Article 16 highlights and special measures for over 65 years, and within Article 25 are listed the visiting activity, medical care and treatment at home (5).

In recent years, it has come to a certain diversification of care services for older people, both in terms of the holder and in terms of types of services (5).

The recommendations of the World Health Organization and the scientific approaches to gerontological health of older people agree that it would be desirable to provide such health care that allows older man as long as possible to live in their home, and to refer to the appro-

priate health care institution only when it is unavoidable due to a substantial deterioration in health status and functional disability. A large proportion of older people (85%) also believe that people should spend old age in their own home. Putting an elderly person in an institution should only be in the case in which a person has multiple difficulties in functioning.

OBJECTIVE

To assess the following using the sample of 150 elderly people of both sexes who are beneficiaries of the Facility for home health care Domnius:

- activities of daily living (ADL);
- needs of users of health care;
- reasons and frequency of arrivals of a nurse in the house;
- their feelings of loneliness;
- self-satisfaction with quality of life;
- satisfaction with the service.

MATERIALS AND METHODS

A structured questionnaire with closed and open questions. Assessment was carried out by nurse that provides user with home health care. Research was conducted in the period from May 2013th to September 2013th in Zagreb. The results were analyzed using descriptive statistics and frequency distribution.

RESULTS

Data on the demands for home care indicate a great need for these services.

In 2011 one nurse cared for an average of 4,935 policyholders. Total number of nurse visits the 2011th year was 1,465,526, which is 3.6% more than the 2010th. In the

Period of the health care services in the home

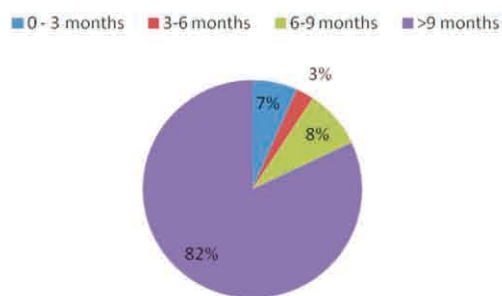


Figure 1. Period of health care services in the home.

sector of home care a nurse comes to an average of 4,391 policyholders and the average number of visits per nurse per year is 1,431.

The research showed that the largest number of users of home care services are in Domnius care category 2, a total of 56 % of surveyed users (N = 84).

Health care services in the home is provided for the majority of patients for more than 9 months in 82% of cases (N=123).

Women represented a higher percentage of the total number of users of health care services in the home, with 70% (N=105) compared to male users of health care services in the home, which is in line with the statistical fact that women live longer and the life expectancy in Croatia at birth for men in the 2011th year was 73.9 years and for women 80.0 years (6).

Most of the study subjects were diagnosed with to have cerebrovascular condition after stroke (st. post stroke) 34% (N=51).

TABLE 1

Describe the process of health care that are implemented at the expense of the CHIF.

Ordinary number	Code	Procedure	Description of procedure	Duration of care (min)
1	CARE 1	Health care	Includes patient education and / or his family, taking material for laboratory testing, catheterization of the bladder in women, applying i.m. and s.c. injections, stoma care (ileostomy, colostomy, urostoma, tracheostomy, gastrostomy).	30
2	CARE 2	Enhanced medical care of patients with increased needs	Implies complete care of patients who have difficulty moving (with or without incontinence), includes procedures from DTP CARE 1, bandaging first degree wounds, feeding through a nasogastric tube.	60
3	CARE 3	Extensive health care	Comprehensive health care of immobile patients, includes procedures from the DTP CARE 1 and 2, bandaging second and third degree wounds, application of oxygen therapy.	90
4	CARE 4	Health care of seriously ill patients or patients with end-stage disease	Health care of extremely difficult or dying patients (palliative care), includes all of the procedures from the DTP CARE 1, 2 and 3, bandaging fourth degree wounds	120

Functional Assessment

Aging increases the risk factors for many diseases which lead to functional disability of the elderly. Normal physiological aging is a very individual process (7). Clear description of the general state of the elderly based on the medical and psychosocial problems is crucial. Functional assessment includes determining the ability of seniors to perform basic activities of daily living (ADL), which are also needed for personal care, as well as assessing the ability to perform complex tasks necessary for independent living, so-called instrumental activities of daily living (IADL). ADL include: bathing, dressing, eating, sitting, getting up from a chair and walking, estimates of elimination: the number of micturition, layout, color, quantity of urine (incontinence/species) number of stools, appearance, color, quantity, consistency, odor, presence of symptoms (constipation, diarrhea, incontinence). IADL include: grocery shopping, cooking, money management, housekeeping activities, communicating by telephone, going out.

The following will show the gerontological data on some characteristics of health and functional abilities of older users of health care services in the home Domnius, Zagreb.

Loneliness in the elderly occurs more frequently than in other life stages, and the reasons lie in the fact that the number of persons the individual was related to decreases with increasing age, and is replaced by the intensity of emotional relationships. The loss of a spouse, children leaving the house, retirement and outbreaks of illness are the most common causes of loneliness (8).

The assumption is that the needs and requirements for primary care increase when older people do not have their own difficulties with whom to share them and this is especially evident in those geriatric patients whose main problem is loneliness.

The study emphasizes the feeling of loneliness in the category as “sometimes” in 42 %

(N=63) of users in the category and “often” in 14% (N=21) of the surveyed users of health care services in the home Domnius. Loneliness stands out as one of the main problems of older people. Loneliness as a situation occurs when we are temporarily excluded from the social relations that we were satisfied with, and loneliness as personality trait relates to the basic personality trait – people who have the loneliness expressed as personality traits can be isolated most of their life regardless of the present circumstances. Participation in social contacts are rarely carried out in 37.3 % of the surveyed users (N=56).

The greatest health needs and requirements for geriatric health care have the most vulnerable groups; oldest senior in high (75–84 years) and deep age (85 or more years) (9). Previously stated data was confirmed in the present study. The greatest number of the surveyed users are in the age range of 76–90 years (N = 87), most commonly in the age 81–85 years. 20.6 % (N=31).

Chronological age of the respondents

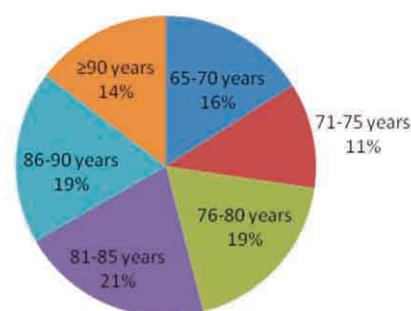


Figure 2. Chronological age of the respondents.

Incontinence

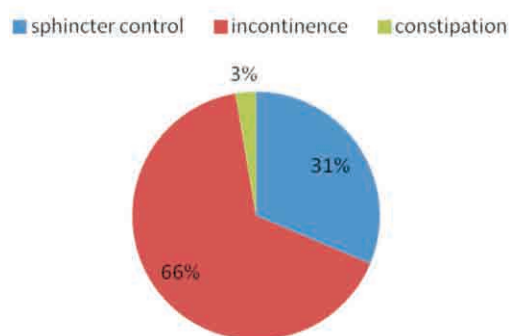


Figure 3. Incontinence of users of health care in the home.

Geriatric analysis indicates four major growing problems – focused column in geriatrics 4 “I”: immobility, loss of independence, uncontrolled urination and instability in geriatric patients (9).

Urinary incontinence is focused gerontological public health problem in the elderly. As a result of demographic changes that are characterized by an increasing proportion of older people in the population, the number of incontinent people is high. Results of the analysis of functional disability of older users of health care services in the home Domnius, Zagreb reveal share of incontinent patients of 66% (N=99).

In conducted research, immobility was recorded in 28% of surveyed users (N = 42), while the limited mobility present in 47.4% (N=71). Preventive procedures, such as blood pressure control, in Croatia are often carried out in the framework of primary health care. Measuring blood pressure in home conditions is carried out in 85% of surveyed users of health care in the home (N=128).

Nutrition in old age is regarded as one of the factors of health, and often must be appropriate to special health problems of older people. Improper nutrition is an important factor for health hazards primarily in older people.

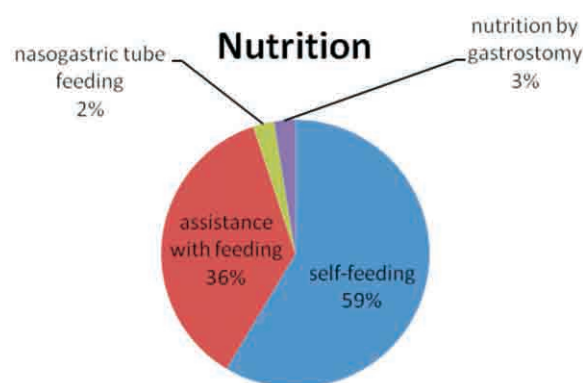


Figure 4. Nutrition of users.

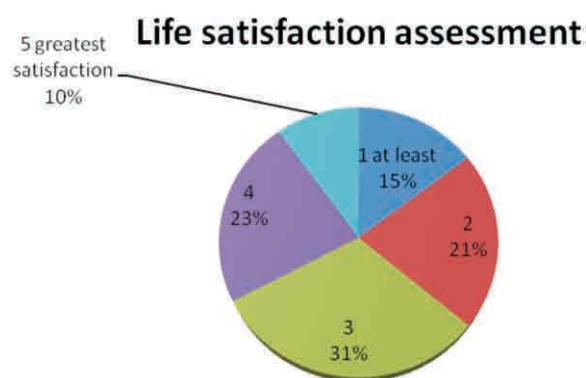


Figure 5. Life satisfaction assessment.

Influencing the choice of the appropriate diet of older people is one of the most important tasks of primary prevention within primary health care. In this research, help in feeding is required in 38% of users (N=57).

Life satisfaction is associated with mental health. It refers to the overall assessment of a person's life or a comparison that reflects the perceived discrepancy between aspirations and achievements of people. Life satisfaction is a cognitive evaluation of the entire life (10). Life satisfaction of users of health care services in the home in the study group was assessed on a scale of 1–5, where 1 denotes the least satisfaction and 5 represents the highest satisfaction rate in the category; low satisfaction (score 1–2) was present in 36% of cases (N=54).

DISCUSSION

Home health care plays an important role in caring for older people at the primary care level. Care must be oriented towards the patient with the active involvement of the patient in the decision-making process (11). Assessment of activities of daily living is an important segment to access a complete, comprehensive care. Previously shown data suggests that service users are mainly people in the age range of 76–90 years (N=87), most

commonly in the age 81–85 years 20.6 % (N=31). In addition to social and economic conditions, the quality of life of older people in many ways determines their state of health. Concerning chronic diseases; largest share of users, 34 % are in the category st.post stroke; please note that home medical care is in a large part that for elderly patients with chronic diseases of different etiology. In the present study limited mobility was registered in 47 % of cases. Concerning ability to perform personal hygiene; in 69 % of cases, users of health care services in the home are dependent on the assistance of another person. Share of incontinent patients is 66 % (N=99). These data emphasize the importance of health care services in the home to meet the needs of activities of daily living. We specially emphasize that workers who provide assistance to respondents also worry about regular user's contacts with a doctor and community nurses. Feelings of loneliness stand out as an important category of problems of geriatric patients who use home care services. Loneliness stands out in the category "sometimes" in 42 % (N=63) of users in the category "often" in 14% (N=21) of the surveyed users of health care services in the home Domnius. Medical personnel through the segment of health care services help to reduce feelings of social isolation through regular visits and communication in the user's home. The most common category of health care procedures that are implemented at the expense of CHIF is CARE 2 in duration of 60 min in 56 % of surveyed users.

CONCLUSION

The research found out that the most common reason for nurse's visit in house of elderly is to provide enhanced care. Despite the fact that the aforementioned groups dependent on the assistance of another person, among respondents frequent loneliness least represented, from which it can be concluded that care in patients own home is one of the better solutions for care of old and sick people. Likewise, it turned out that the need to provide health care increases with chronological age.

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